

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

Subject to the specifications, conditions, and limitations established by the state Single State Agency, organ transplant services are covered as follows:

- a. Coverage is limited to those transplant services that are determined to be reasonable, medically necessary, and standard medical procedures as approved by the Single State Agency.
- b. Coverage includes solid and nonsolid organ procurement (including acquiring/harvesting, processing, preserving, storing, distributing, and tissue typing). Nonsolid organs include bone marrow, peripheral stem cell, or cornea. If a hospital obtains an organ outside of the hospital, the hospital must obtain it from an organ procurement organization designated by the secretary of the Department of Health and Human Services. Coverage does not include donor expenses.
- c. Coverage of each type of solid organ transplant is limited to an initial transplant and one subsequent transplant because of rejection as a lifetime benefit.

As specified by the Single State Agency or its designee, certain organ transplant services must be prior authorized. If a covered organ transplant has been prior authorized as medically necessary by the Single State Agency or its designee because of an emergent, life-threatening situation, a maximum of 30 days of inpatient hospital services during a Title XIX spell of illness may be covered beginning with the actual first day of the transplant. This coverage is in addition to covered inpatient hospital days described elsewhere in this state plan and provided before the actual first day of the transplant. This 30-day period is considered a separate inpatient hospital admission for reimbursement purposes.

If expenditures for a single inpatient hospital admission exceed the \$200,000 limit on hospitalization-related services described elsewhere in this state plan, expenditures for that admission are excluded in calculating expenditures toward the limit. This policy only applies to an inpatient hospital admission to perform a covered organ transplant procedure determined to be medically necessary because of an emergent, life-threatening situation.

STATE <u>Texas</u>	A
DATE RECD <u>11-26-96</u>	
DATE APVD <u>02-07-97</u>	
DATE RECD <u>11-28-96</u>	
HCEA LTR <u>96-20</u>	

Revision: HCFA-PM-87-4 (BERC)
March 1987

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OMB No. 0938-0193

State/Territory: Texas

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The criteria for determining reasonableness and medical necessity, including prior authorization requirements, are contained in the Medical Policy Manual, Texas Medicaid Provider Procedures Manual, or Medicaid Bulletins prepared by the Single State Agency's designee.

For purposes of this attachment, the term "organ" means a human heart, kidney, liver, cornea, lung, heart/lung, peripheral stem cell, or bone marrow, and any other human organ or tissue specified by the Single State Agency.

To be reimbursed for transplant services, a hospital must meet the requirements contained in Section 1138 of the Social Security Act.

Benefits do not extend to any experimental or investigational services, supplies, or procedures as may be determined by the U.S. Public Health Service or the Single State Agency.

STATE <u>Texas</u>	A
DATE REC'D <u>2-18-94</u>	
DATE APP'VD <u>3-16-94</u>	
DATE EFF <u>5-1-94</u>	
HCFA 179 <u>94-03</u>	

TN No. 94-03
Supersedes 93-39 Approval Date 3/14/94 Effective Date 2/1/94
TN No. 93-39 HCFA ID: 1047/P/0016P